



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last) <i>Ogawa</i>	(First) <i>Robert</i>	(Middle) <i>T.</i>	TELEPHONE <i>521-4265</i>
MAILING ADDRESS (Street) <i>1188 Bishop St., Ste. 3105</i>	(City) <i>Honolulu</i>	(State) <i>HI</i>	(Zip Code) <i>96813</i>
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <i>Spectrum Health Systems, Inc.</i>	TELEPHONE <i>(508) 792-5400</i>		
MAILING ADDRESS (Street) <i>324 Grove St.</i>	(City) <i>Worcester</i>	(State) <i>MA</i>	(Zip Code) <i>01605</i>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <i>Robert T. Ogawa</i>			TELEPHONE <i>See above</i>
MAILING ADDRESS (Street) <i>see above</i>			(City) (State) (Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input checked="" type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Robert J. Ogawa
(Signature of Lobbyist)

1/8/03
(Date)

PART V AUTHORIZATION TO LOBBY

NAME <i>Charles J. Faris</i>	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED <i>President/CEO</i>
NAME OF ORGANIZATION (if applicable) <i>Spectrum Health Systems, Inc.</i>	TELEPHONE <i>see above</i>
MAILING ADDRESS (Street) <i>see above</i>	(City) (State) (Zip Code)
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<i>Charles J. Faris</i> (Signature of Authorizing Officer or Person Represented)	<i>1/18/03</i> (Date)